

SM-4742-A	3/94
Authority: 7 CFR Part 250, Completion: Required	

Michigan Department of Education
SCHOOL MANAGEMENT SERVICES
Food Distribution and Fiscal Reporting
Box 30008, Lansing, Michigan 48909

Direct questions regarding this form to (517) 373-8614
Check all that apply for this report. ___ CI ___ SK/FB ___ SFSPC ___ CSFP-pantry ___ TEFAP ___ Summer Camps ___ CSFP-Reconciliation

LOSSES AND GAINS REPORT

Name of Distribution Outlet or State Institution	Telephone	Report Month	Year
Address		Agreement No.	

COMMODITY	Unit Size	Quantity		SM-4221 for Returns*	Explanation of Variances
		Plus	Minus		
		0	0	*All returns should be considered "Gains"	

Please return on e copy fo this form with TEFAP
monthly inventory report, SM-4699; CSFP
monthly report, FSN-153 OR Distribution
outlet monthly report, SM-155.

CERTIFICATION:	
I certify that this report is complete and correct and that records are available to support the data and will be on file for three (3) years.	
_____ Signature of Authroized Official	_____ Date